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CONFIRMATION NO. 3447

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/617,105	<b>FILING OR 371(c) DATE</b> 07/09/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 2024768-7030195001
<b>APPLICANTS</b> Steven W. Kim, San Jose, CA; Joshua Makower, Los Altos, CA; J. Christopher Flaherty, Los Altos, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/933,295 08/20/2001 PAT 6,613,081 which is a DIV of 09/089,032 06/02/1998 PAT 6,330,884 which is a CIP of 08/970,694 11/14/1997 PAT 6,432,127.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/10/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 7
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> MEDTRONIC VASCULAR, INC. IP LEGAL DEPARTMENT 3576 UNOCAL PLACE SANTA ROSA, CA 95403				
<b>TITLE</b> Deformable scaffolding multicellular stent				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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